# STATE OF COLORADO Delta Preferred Option Plan\*\*\*BASIC\*\*\* Group #006784



# **EFFECTIVE JANUARY 1, 2004**

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Per enrolled family member Calendar year \$850.00

#### DEDUCTIBLE:

\$50.00 per family member calendar year deductible. The deductible is waived for Diagnostic and Preventive Services.

### PREVENTIVE AND DIAGNOSTIC SERVICES

**DPO: 100%** 

Oral Exam: 2 in a calendar year

NON-DPO: 100% (of

maximum allowable fee)

Bitewing X-rays: 2 sets in a calendar year Full Mouth X-rays: 1 in 36 months

Routine Cleaning: 2 in a calendar year

Fluoride Treatments: 2 in a calendar year, under age 15

Space Maintainers: under age 19

Sealants: under age 15 on unrestored, noncarious permanent molars, but not

more than once in any 36 month period Emergency treatment for relief of pain

# **BASIC SERVICES**

**DPO: 50%** 

Restorative: Amalgam Fillings

Resin, Composite Fillings (anterior teeth only)

NON-DPO: 50% (of maximum

allowable fee)

Oral Surgery: Simple Extractions, Surgical Extractions (including wisdom

teeth), General Anesthesia

Periodontics: Periodontal Cleanings (subject to special need), Periodontal Surgery (including gingivectomy), Scaling and Root Planing, Gingival Curettage

**Endodontics:** Root Canal Therapy

#### **MAJOR SERVICES**

**DPO: 50%** 

Major Restorative: Crowns, Inlays, and Onlays - when teeth cannot be restored with regular fillings

NON-DPO: 50% (of maximum allowable fee)

Prosthodontics: Dentures, Partials, Fixed Bridges and Crowns (when part of

Prosthodontics Maintenance: Bridge or Denture Repair, Rebase or Reline of

Dentures, Re-cement of Crowns, Inlays and Onlays

Dependent Children covered to the end of year in which the child attains age 19 Full-time Students covered to the end of the month in which the child attains age 24

The Open Enrollment period is normally October-November of every year. At this time employees will have the opportunity to switch between plans. Dependents under age five are covered under the dental plan at no premium cost to the employee. During the month a dependent reaches age five, the child must be added to the employee(s) dental coverage (even if already at family) and pay premium in order to continue coverage.

This is just a brief description of the dental plan designed for the State of Colorado.

IMPORTANT: YOU WILL PAY ADDITIONAL OUT OF POCKET EXPENSES WHEN YOU SEE A NON-DPO **DENTIST!** 

MAXIMUM ALLOWABLE FEE IS BASED ON A PRE-ARRANGED DISCOUNTED FEE SCHEDULE.